Effective December 29, TS									09/646072					
CLAI AS FILED - PART I (Column 1) (Column 2)								•	SMALL TYPE	ENTITY	OR	OTHER		
FOR			NUMB	ER FILED		NUMBER	EXTRA	1	RATE	FEE	7	RATE	FEE	
В	ASIC FEE		1		5.12				420		OR			
TC	OTAL CLAIMS		4	44 minus 20=			. 24			216	OR	X\$18=		
INDEPENDENT CLAIMS 8 minus 3 = 5							X39=	195	OR	X78=				
MULTIPLE DEPENDENT CLAIM PRESENT									+130=	1	OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	1231	OR	TOTAL	·		
CLAIMS AS AMENDED - PART II										i vest	J	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								_	SMALL	ENTITY	OR	SMALL		
AMENDMENT A		REM AF	AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDI	Total	<u> -</u>		Minus	••		=		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	TNTATIC	N OF M	Minus	PENIC		=		X39=		OR	X78=		
_			11 OF 111		LINE	CIAL OF WIN			+130=		OR	+260=		
	•								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT B		REM. AF	NIMS NINING TER DMENT		. PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•		Minus	.**	, <u> </u>	=		X\$ 9=		OR	X\$18=		
	Independent	NTATIO	N OF MI	Minus	***		=	Γ	X39=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=		
		•						L.	TOTAL ODIT. FEE		OR ,	TOTAL ADDIT, FEE		
			mn 1)			olumn 2)	(Column 3)							
MENT C		REMA AF	IMS INING FER OMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total			* * * * * * * * * * * * * * * * * * * *	/-		'. 	i	X\$.9=	7	ÜĤ	X\$18=		
AMEN	Independent FIRST PRESE	NTATIO	N OF MI	Minus	++i	ENT CLAIM	= -	Γ	X39=		OR	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	÷260=	· ,	
• tf	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								+130= TOTAL		OR :	TOTAL		
***	the Highest Num The Highest Num	mber Pre	viously Pa	id For IN THI	S SPA	CE is less that	n 3 enter "3"		DIT. FEE L	ropriate box	. <i>P</i>	ODIT. FEE		
OP4	PTO-875			· .		<u> </u>								

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